

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 99510 Office of Registrar of Vital Statistics. Ward 8<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 29<sup>th</sup> 1867.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosa Burrow.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 35 Years, — Months, — Days,

Color,

white.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, About four years

Place of Death, { Give street and Number. }

Above house. Bldg.

Cause of Death, { First, (Primary).  
Second, (Immediate). }

Catarrhal Bronchitis

Asthma.

Duration of Last Sickness,

Two months.

All the above information should be furnished by the Physician.

Place of Burial, Electon Md

Date of Burial, April 29

Undertaker, Roll Kenwoichson

Place of Business, 92 ct Howard

Alond Smith

M. D.

Medical Attendant.

Boro. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

661 Transl.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99511 Office of Registrar of Vital Statistics. Ward 14<sup>1/2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 27, 1887.

Full Name of Deceased, Andrew Jackson Stines { Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Male { Cross out the word not required in this line.

Age, 9 Years, 6 Months, 19 Days.

Color, White

Married, Single, Widow or Widower, Single { Cross out the words not required in this line.

Occupation, None

Birth Place, Baltimore { State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, Five Years

Place of Death, 1520 McHenry St { Give Street and Number.

Cause of Death, Scrofula { First (Primary),  
Second (Immediate), Paralysis

Duration of Last Sickness, 6 Years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Park Cemetery

Date of Burial, April 29, 1887

Undertaker, Geo B. Cook

Place of Business, 1003 W. Baltimore St Address,

John M. Reinhardt M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99512 Office of Registrar of Vital Statistics. Ward 209

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

APR 29  
1887  
BALTIMORE MD

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

April 28, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Bella Kent Stewart

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 17 Months, 4 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Lefton  
533 Bruce St.

Cause of Death, { First (Primary),  
Second (Immediate), }

Diphtheria

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 29 1887

{ Undertaker, John E. Hough G. W. Lachemann M. D.  
Medical Attendant.  
Place of Business, Penn Ave Address, 1327 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99513 Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

APR 28 1887  
BALTIMORE MD  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 27<sup>th</sup> 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Kola

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 34<sup>th</sup> Years, Months, Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give Street and Number. } 74 Hampstead St

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonaria

Duration of Last Sickness, about 18 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, April 28 1887

{ Undertaker, W. R. & Son

{ Place of Business, 1009 E. Lombard St

S. D. K. M. D.

Medical Attendant.

Address, 607 St Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 29514 Office of Registrar of Vital Statistics. Ward 19<sup>th</sup>

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 29 1887  
BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death,

April 26 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sarah E Bailey

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 30 Years, 6 Months, 11 Days.

Color,

W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Balt.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

1711 Edmonson av  
Phthisis Pulmonalis

Cause of Death, { First (Primary),  
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 29/87

Undertaker, Dennis A. Mitchell

Place of Business, 1201 W Fayette

H. W. Wesley

M. D.

Medical Attendant.

Address,

106 13th

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. *99575*

**Board of Health, City of Baltimore,**

*Office of Registrar of Vital Statistics.*

*20'*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

*APR 29 1887*

**CERTIFICATE OF DEATH.**

Date of Death, *April 25<sup>th</sup> 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Fannie Campbell*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *5* Years,

Months,

Days.

Color, *Malatto*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

*and*

Duration of Residence in the City of Baltimore, *5 yrs*

Place of Death, { Give street and number. }

*739 Little George St*

Cause of Death, { First, (Primary.) }

*Pneumonia*

Second, (Immediate.)

Duration of Last Sickness,

*Four days*

All the above information should be furnished by the Physician.

Place of Burial, *Sandless Wharf Essex Co Va*

*A. M. Belt.*

M.D.,

Medical Attendant.

Date of Burial, *April 29 1887*

Undertaker, *Hercules AC 88*

Place of Business, *104 Cornhill*

Address, *1010 Cathedral St*

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

*4663 transct*

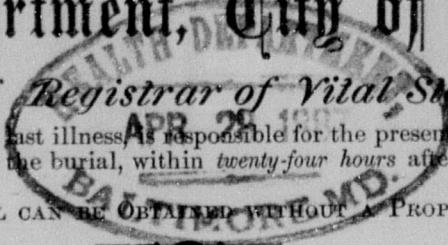
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99516 Office of Registrar of Vital Statistics. Ward 12<sup>o</sup>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



No. 17078

## CERTIFICATE OF DEATH.

Date of Death,

April 27 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Fannie M. Andrews

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 27 Years, 0 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

1729 Linden Ave  
Phthisis Pulmonalis  
Hemorrhage of lungs  
One year

Cause of Death, { First (Primary),  
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Indianapolis Ind

Date of Burial, April 29/87

Undertaker, Denny & Mitchell

Place of Business, 1201 W. Fayette

H. Morrison

M. D.

Medical Attendant.

Address, 1008 Madison Av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4662 Transl

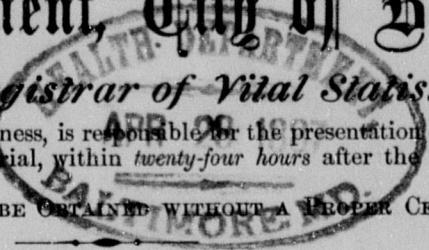
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99577 Office of Registrar of Vital Statistics. Ward 16<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, Apr. 26 - 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sarah Brown  
Brown

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 30 Years, Months, Days.

Color, Dark

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balto. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. }

429 Wayne St.

Cause of Death, { First (Primary),

Phtisis Pulmonalis

Second (Immediate),

One Year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 26 - 87

{ Undertaker, Samuel L. Lee

{ Place of Business, 198 S Howard

J. Tyler Smith M. D.  
Medical Attendant.  
Address, 540 Barre St

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians

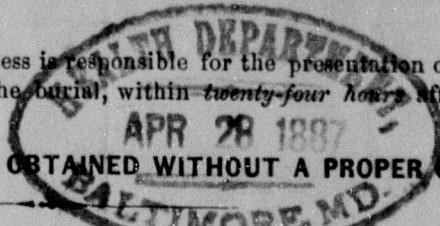
## Board of Health, City of Baltimore,

Permit No. 99518

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately*, *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, 27<sup>th</sup> April 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo Washington Wallace.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 40 Years, Months, Days.

Color, Ed

Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Sailor

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give street and number. } 1131 Mason Alley

Cause of Death, { First (Primary), Second (Immediate), } Consumption

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Geo. J. Collins

M. D.

Date of Burial, April 28-1887

Medical Attendant

{ Undertaker, Wm Madden }

{ Place of Business, 46 East St }

Address

1052 First St., corner of York road

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 99519 Office of Registrar of Vital Statistics. Ward 8 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~the~~ <sup>48</sup> hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

18<sup>th</sup> April Thursday

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents.

James Randolph

Sex, Male or Female, { Cross out the word not required in this line.

Male

Age, 49 Years, 6 Months, 3 Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line.

Married

Occupation,

Journalist

Birthplace, { State or country, and now long in the United States, if of foreign birth.

Washington D.C.

Duration of Residence in the City of Baltimore,

20 years

Place of Death, { Give street and Number.

28 S Preston St

Cause of Death, { First, (Primary.)

Cardiac Arrest

Second, (Immediate.)

Heart failure -

Duration of Last Sickness,

4 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

R. W. Smell, M.D.

Date of Burial, 30<sup>th</sup> April 1887

Medical Attendant.

Undertaker, H. G. Jenkins & Sons

Place of Business, Park & Saratoga Sts.

Address, 212 Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]